

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JAN 12 PM 5:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 000 000 21155

1. Corporation Name

Masita, Inc.

2. Principal Office Address

18500 SW 43<sup>RD</sup> STREET

3. Mailing Office Address

18500 SW 43<sup>RD</sup> STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

Zip

33029

Country

U.S.

Zip

33029

Country

U.S.

**REINSTATEMENT**

12-10-03 01034 025 \$150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

02-29-2000

5. FEI Number

65-0997234

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

CARLOS MENDEZ

Street Address (P.O. Box Number is Not Acceptable)

18500 SW 43<sup>RD</sup> STREET

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33029

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Carlos Mendez*

Date 12-16-03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CARLOS MENDEZ	18500 SW 43 <sup>RD</sup> STREET	MIRAMAR, FL 33029

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Carlos Mendez* CARLOS MENDEZ

12-16-03

954-704-1643

Date

Daytime Phone #

CR2E081 (10/02)

B3

2082

Florida Dept. Of State  
Secretary of State  
Div. Of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Masita Inc.  
Document # P00000021155

Carlos Mendez, President  
18500 SW 43rd Street  
Miramar, FL 33029

954-704-1643

12-08-03

re: Corporation Reinstatement

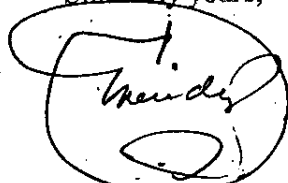
To whom it may concern:

Masita Inc. had an administrative dissolution for not filing an annual report. It was never reported because we never got the appropriate paperwork. Upon further investigation in your website we found an incorrect address. Our guess is that you send all the papers to that address.

Here are the new address, a corporation reinstatement form and a check for 150.00 as directed by one of your clerks instructions. We apologize for any misunderstandings. Please let us know of the outcome of your decision.

Please call us at 954-704-1643 if you need any further information.

Sincerely yours,



Carlos Mendez